

28th September 2018

Shri Jagat Prakash Nadda

Honorable Minister for Health & Family Welfare
Government of India
Nirman Bhavan
New Delhi

Dear Shri Jagat Prakash Naddaji,

Warm Greetings from Pratigya on the occasion of the International Safe Abortion Day 28th September.

On this day, we would like to thank you and your Ministry for the proactive steps taken in the past few years under the Comprehensive Abortion Care program, to ensure that women in India are able to access safe abortions services.

As you are aware, unsafe abortion is the third leading cause of maternal deaths in India contributing to an estimated 8% of maternal mortality or over 3,500 avoidable deaths each year, in spite of a liberal Medical Termination of Pregnancy Act. While India has made great strides in improving access to safe abortion services for women, there are still many women who are unable to access safe, affordable, high quality services, free of stigma and discrimination. Recognizing this, your Ministry began a process to identify barriers preventing women from accessing safe services. Solutions to address the identified barriers were carefully developed in a consultative process by the Ministry of Health and Family Welfare along with experts from the field and formed part of the proposed amendments to the MTP Act; regrettably these are yet to become a reality.

We believe that immediate steps are required so that the carefully developed and evidence based solutions are implemented at the earliest. Changes to the way medical termination of pregnancy is governed, keeping women's interests at the center, would send a strong signal of the government's commitment to protecting and advancing women's health and rights. Protecting and advancing women's access to safe abortions will empower them to have control over their bodies and lives, which we believe is integral to the Honorable Prime Minister's flagship "Beti Bachao Beti Padhao" initiative.

Eliminating barriers that improves women's access to safe abortion care, apart from being a progressive and women centric move, will result in:

- Increased number of women choosing safe and legal providers and getting the required medical supervision
- Potential reduction in the maternal mortality ratio to around 120 per 100,000 live births from 130 (2014-16). The reduction in EAG states will be much higher.

- Stemming the need for marginalized women and girls, including rape survivors (some of them minors) or women with severe fetal abnormalities, seeking intervention of the courts and the resultant media reports which is adversely impacting the image of the country.

Given your personal and the government's commitment to women's empowerment, welfare and rights, we would urge you to consider implementing the path breaking steps to improve access to safe abortion services. Safeguarding women's rights, including sexual and reproductive health and rights, is the hallmark of a progressive and advanced society and this move will strengthen India's commitment to women's empowerment and rights and help occupy a position of global leadership on this important issue.

While some of the barriers may take a longer time to be addressed, as an interim measure, we would urge your ministry to make the following changes to the Rules governing termination of pregnancies:

Experience and training (section 4)

To allow MBBS doctors to prescribe and supervise provision of medical abortions, up to nine weeks gestation using medical methods, following a shorter medical abortion focused training.

Currently MBBS doctors cannot prescribe medical abortion drugs without undergoing a long training in a government hospital or government approved facility by assisting in performance of 25 cases of which at least five have to be performed independently. While this requirement made eminent sense in the 1970's when the MTP Rules were framed and the only method available was Dilatation & Curettage, for medical abortion a facility based, procedure focused training is unnecessary. It is estimated that 85% of abortions in India take place in the first trimester and a majority of them before nine weeks through non-surgical procedures using medical abortion.

Approval of place (section 5)

To allow the place of practice of a MBBS doctor as an approved site for provision of abortions up to nine weeks using medical methods without the requirement for surgical equipment's, which is currently mandated, since medical abortion is not a surgical procedure.

The above changes to the MTP Rules, which can be done by your ministry, would be a great interim measure in improving access to abortion care and would demonstrate your commitment and intention to protecting women's health and rights.

The Pratigya Campaign is a network of over 85 organizations and individuals working at grassroots, state and national level on women's health and rights. The campaign focuses on advancing access to safe abortion within the context of gender equality and sexual and reproductive rights. Campaign members have worked closely with colleagues in your ministry on comprehensive abortion care and the proposed amendments to the MTP Act. Pratigya is committed to continuing and strengthening this engagement

and would be happy to extend any support you may need to enable the amendments to be passed at the earliest.

Thank you very much for your time and patience and we look forward to your continued leadership in improving sexual and reproductive health and rights of women in India.

Warm regards

Yours sincerely

For and on Behalf of Pratigya

V.S. Chandrashekar

The following organizations endorse the contents of this letter:



**C. Achutha Menon Foundation,
Thiruvananthapuram, Kerala**



**Gram Vikas Evam Prashikshan Sansthan,
Sitapur, Uttar Pradesh**



**Parivar Seva Sanstha,
Jaipur, Rajasthan**



**National Health Systems Resource
Centre, New Delhi**



**Nav Nirman Evam
Pariyavaran Kendra,
Lucknow, Uttar Pradesh**



**National Institute of
Rural Affairs Samiti,
Jaipur, Rajasthan**



RP Education Society, Gorakhpur,
Uttar Pradesh



Rajasthan Integrated
Welfare Institute, Ajmer, Rajasthan



Gramin Punarnirman Sansthan,
Lucknow, Uttar Pradesh



SAMYAK, Pune, Maharashtra



Action Research and Training for Health,
Udaipur, Rajasthan



Halo Medical Foundation, Mumbai,
Maharashtra



Prerana,
Mumbai, Maharashtra Delhi



Indian Health Development
Society, Jaipur, Rajasthan



Girls Count, New Delhi



Shiv Shiksha Samiti,
Ranoli, Rajasthan



Institute of social work
and rural development, Lucknow,
Uttar Pradesh



Jeevan Ashram Sanstha,
Mumbai, Maharashtra



Swera Sansthan, Ajmer, Rajasthan



Mamta – HIMC, Jaipur, Rajasthan



Shikshit Rojgar Kendra Prabandhak Samiti, Jhunjhunu Rajasthan



Society for Nutrition Education Health and Action, Mumbai, Maharashtra



Society for Sustainable Development, Karauli, Rajasthan



Population First, Mumbai, Maharashtra



Indian Nursing Council, New Delhi



Ipas Development Foundation India, New Delhi



Plan India, New Delhi



Population Council, New Delhi



Pathfinder India, New Delhi



Population Foundation of India, New Delhi

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**Population Health Services India,
Hyderabad, Telangana**



PSI India Private Limited

**Population Services
International India, New Delhi**



**Footprint Global Communications,
New Delhi**



Auriga Consultancy, New Delhi



**Love Matters India,
New Delhi**



**Society for All Round Development,
New Delhi**



**Engender Health India,
New Delhi**



**Centre for Enquiry into Health and Allied
Themes, Mumbai, Maharashtra**



**Asia Safe Abortion Partnership India,
Mumbai, Maharashtra**



Global Health Strategies

**Global Health strategies India,
New Delhi**



Breakthrough India, New Delhi



**International Centre for Research on
Women, New Delhi**

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**CREA India,
New Delhi**



**Centre for Health
and Social Justice India,
New Delhi**



**Family Planning Association of India,
Mumbai, Maharashtra**



**Federation of Obstetric and
Gynaecological Societies of India,
Mumbai, Maharashtra**



**Foundation for Reproductive Health Services
India, New Delhi**



Bitiya, New Jersey



**Marie Stopes International, United
Kingdom**



**Centre for Reproductive Rights,
New York**

- **BDBA Hospital Kandivali, Mumbai, Maharashtra**
- **Lok Sahayata Society, Udaipur, Rajasthan**
- **Prayas Jan Sanstha Abhiyan, Lucknow, Uttar Pradesh**
- **PRASAR Lucknow, Uttar Pradesh**

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- **Samajik Nyay Evam Vikas Samiti, Lucknow, Uttar Pradesh**
- **SNVJ Bharatpur, Rajasthan**
- **Shrawasti Gramodyog Seva Sanstha, Shrawasti, Uttar Pradesh**
- **Subhash Children Society, Kanpur, Uttar Pradesh**

The following individuals endorse the contents of this letter:

- **Ms. Anubha Rastogi, Independent Legal Consultant, Mumbai, Maharashtra**
- **Dr. Amar Jesani, Independent Researcher, Mumbai, Maharashtra**
- **Dr. Atul Ganatra, Obstetrician and Gynecologist, Mumbai, Maharashtra**
- **Dr. Nozer Sheriar, Obstetrician and Gynecologist, Mumbai, Maharashtra**
- **Dr. Ritu Joshi, Obstetrician and Gynecologist, Jaipur, Rajasthan**
- **Dr. Ravi Verma, Social Researcher, New Delhi**
- **Dr. Shireen J Jejeebhoy, Independent researcher, Mumbai, Maharashtra**